

2681 \$  
C.C.

## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on 3/24/04

Stephanie Riley  
Stephanie Riley

**RECEIVED**

**MAR 31 2004**

**Technology Center 2600**

In Re Application of:

William Betts

Serial No.: 09/785,366

Filed: 2/16/01

Confirmation No.: To Be Assigned

Group Art Unit: To Be Assigned

Examiner: To Be Assigned

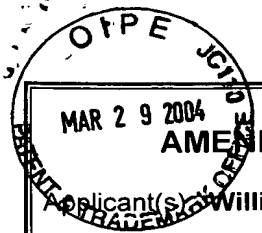
Docket No.: 061607-1580

**For: Systems and Methods for Fractional Bit Rate Encoding in a Pulse Amplitude Modulation Communication System**

The following is a list of documents enclosed:

Return Postcard  
Amendment Transmittal Letter  
Preliminary Amendment  
Credit Card Payment Form

Further, the Commissioner is authorized to charge Deposit Account No. 16-2055 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 16-0255.



<b>MAR 29 2004</b> <b>AMENDMENT TRANSMITTAL LETTER (LARGE)</b> Applicant(s) <b>William Betts</b>	Docket No. <b>061607-1580</b>
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Serial No. <b>09/785,366</b>	Filing Date <b>12/16/01</b>	Examiner To Be Assigned	Confirmation No. To Be Assigned	Group Art Unit To Be Assigned
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Invention: **Systems and Methods for Fractional Bit Rate Encoding in a Pulse Amplitude Modulation Communication System**

Commissioner for Patents  
Mail Stop Fee Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450

**RECEIVED**

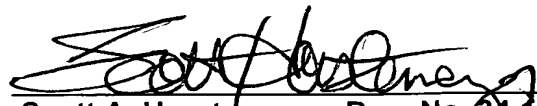
**MAR 31 2004**

Transmitted herewith is Preliminary Amendment in the above-identified application. **Technology Center 2600**

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	82 -	70 =	12	X \$18.00	\$216.00
INDEP. CLAIMS	8 -	8 =	0	X \$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$145.00
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> 55.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> 210.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> 475.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> 740.00	\$
Other Fees:					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$216.00

- ☒ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$216.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 16-0255.

  
Scott A. Horstemeyer, Reg. No. 34,183

03/24/04  
Date